

AB8861256

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS

ERVIN RAYMOND N

331 SPRINGSIDE LN
BUFFALO GROVE IL 60089-1650

Vendor Number ***** A

Agency * HEALTHCARE & FAMILY SERVICES
Warrant Number AB8861256
Warrant Amount \$4,310.40
Warrant Date 05-02-2019
Voucher Number PV478904621717

Payment Description: CHILD SUPPORT COMMERCIAL REFUND VOUCHER
PLEASE DISREGARD THE PHONE NUMBER ON THE WARRANT
REFER ALL INQUIRES TO 1-800-447-4278

Invoice Number	Inv. Date	Customer ID	Billing Account Number	Net Amount
				4310.40

DO YOU NEED HELP OR HAVE QUESTIONS ABOUT THIS PAYMENT?

For questions regarding this payment, please contact the Vouchering Agency at the number listed below:

HEALTHCARE & FAMILY SERVICES 217-782-5565

Payment of interest may be available if the State fails to comply
with the Illinois Prompt Payment Act (30 ILCS 540/1).

www.illinoiscomptroller.gov/contact

121072202

AB8861256
REFER TO THIS NUMBER

DRAWN BY **SUSANA A. MENDOZA** COMPTROLLER 70-2186
ON THE TREASURER OF THE STATE OF ILLINOIS 711

PAY THIS AMOUNT: *Four Thousand Three Hundred Ten******40/100

\$***4310.40**

VOID AFTER TWELVE MONTHS

DATE ISSUED: **05-02-2019**
ERVIN RAYMOND N

AB8861256

331 SPRINGSIDE LN
BUFFALO GROVE IL 60089-1650

COUNTERSIGNED AND REGISTERED

Michael Frerichs

Michael Frerichs, Treasurer, State of Illinois

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and contains an artificial watermark on
the reverse side.

GRANTED, DRAWN AND RECORDED

Susana A. Mendoza

Susana A. Mendoza, Comptroller, State of Illinois



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